

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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14						
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22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37		1				
38			1			
39			1			
40			1			
41			1			
42		1				
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
55	1					
56		1				
57		N				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66	1					
67	1					
68	1					
69	1					
70		1				
71	1					
72	1					
73	1					
74	1					
75	1					
76		1				
77		1				
78		1				
79		1				
80	1					
81		1				
82		1				
83		1				
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		14		↓		↓
TOTAL DEP.	←	33	←	←	←	←
TOTAL CLAIMS		47				